PEDIC SOCIETY ITEMS

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MEETINGS OF THE PEDIC SOCIETY

The April, May and June meetings were well attended, and members amply repaid for the time consumed.

Each member should make it a point to be present at the October meeting, which will be in the nature of a reunion.

At the May meeting Edward S. Walch was elected a member of the Board of Examiners in place of George Erff, resigned.

OBITUARY

GEORGE I. MARDIN.

The many friends of George I. Mardin, for years a member of the Board of Examiners of the Pedic Society, were shocked to learn of his demise on June 4th at Auburn, New Hampshire.

Dr. Mardin was born in Allenstown, forty-six years ago, son of William Davis and Caroline Manahan Mardin. Although of a lively and cheerful temperament, he was always known as an exemplary young man, and a most excellent scholar. His friends often received communications from his teachers, in which his studiousness and proficiency were extolled.

In 1891, he opened an office at 1123 Broadway, New York City, as chiropodist, which proved lucrative. April, 15, 1892, he united in marriage with Miss Marie I. Fenton, of New York. By this marriage five children were born to them, three of whom are now living. He was an exemplary husband and father, being sincerely attached and devoted to his family. The death of his children, the oldest 8 years and the youngest 15 months, was a great affliction to him, and it is feared had much to do with undermining his health, he having been in poor health for nearly three years. Thinking his health might be improved by the country air he went to New Hampshire some months ago, making his home in Auburn.

His funeral occurred June 6, from his late home and was conducted by Rev. Frank Sawyer. The bearers were his brother, Dr. Frank Mardin, brothers-in-law, Ben Lang, Moses Johnson, and Dr. Pitman. Interment at Allentown. His wife and three children, George, Jean and William, have the sympathy of the Society in their sad loss.

Dr. Mardin was one of the noted chiropodists of the world and enjoyed a large and enviable patronage for years.

His sunny disposition and many kind deeds endeared him to a large circle of friends, but it is in his official capacity as a member of the Board of Examiners, that he shone bright and unsullied as crystal. No motive was strong enough to cause him to swerve one iota from the path of justice, and absolute fairness was ever his watchword.

May the Almighty receive him in His bosom and give him eternal peace and happiness, is the wish of his many friends and associates.

DR. E. M. FOOTE DIAGNOSIS.

We are pleased to announce that Dr. Edward M. Foote, author, lecturer and instructor in Surgery at Columbia College and the New York Polyclinic Medical School, has consented to answer all queries appertaining to the etiology, pathology and treatment of such cases as our readers may seek enlightenment on.

New York, May 19, 1909.

To The Editor of Pedic Items:

One of your contributors has asked me to reply to the questions on page 32 of your April number, in regard to the nature and treatment of inflamed bursae.

A bursa is a soft, thin sac with a smooth lining, containing a little slippery fluid called synovia. Wherever in the body a tendon is drawn over some bone, a bursa will be found between them, thus reducing to a minimum, the friction. An empty grape-skin, rubbed between the thumb and finger, gives a good idea of a bursa and its use in reducing friction. While most bursae are situated between tendons and bones, a few are placed under the skin at points where it is drawn back and forth over some bone by the motions of the parts. There are large bursae for this purpose at the front of the knee and at the back of the elbow. A smaller one is placed at the inner side of the head of the first metatarsal bone, the region of the well-known bunion.

(A) A normal bursa is a delicate structure and cannot be recognized by touch through the skin. When it is constantly or repeatedly irritated by undue pressure, for example, by an ill-fitting shoe, it becomes much thicker, and the amount of fluid within it may greatly increase. It may then be felt as a more or less flabby swelling underneath the skin. If the irritation has been recent, a good deal of tenderness will exist. In time the tenderness may subside; and the amount of fluid may also grow less; to increase again, when the irritation is repeated. This is not a condition of inflammation in the strict sense of the word, but a congestion and swelling due to the bruising by the shoe. An illustrative case is that reported by Alfred Robie.

(B). Suppose however that the skin is chafed or broken in some way, so that germs find an entrance to the bursa. It is an ideal nesting place for them, and they develop rapidly in the contained fluid. We then have the usual signs of a true inflammation, with the parts swollen, red, and exquisitely tender. The clear fluid of the bursa rapidly turns to pus, which soon finds an exit, either (a) through the skin, or (b) through the bursa but not through the skin. In the first case, the swelling subsides and a sinus is left, which discharges at first pus, then synovia; in the second case an abscess is formed connecting with the bursa. When this abscess is opened, or breaks spontaneously through the skin, it will probably also leave behind it a sinus connecting with the bursa.

(C). When the inflammation of the bursa has subsided, and the discharge from the sinus is slight, the opening in the skin may close. There may then result the condition described under A. Often, however, enough germs are left behind to multiply in the closed bursa and repeat the symptoms described under B. Usually, in the latter case, the closure of the sinus is not very firm, so that a new discharge of pus and synovia takes place through it, before the swelling has reached a great size.

(D). The bursa lies very close to the joint, and it is often found to communicate with it, either normally or as a result of previous inflammation. This introduces another factor for our consideration. When such a communication exists inflammation in the bursa sets up inflammation in the joint as well. In fact, the joint having a much larger cavity than that of the bursa, may present the chief symptoms, as it did in the case described by "R. E. Y." The outcome of this type of inflammation may be either of the two possibilities mentioned under B. We must also add a third possibility, namely, necrosis, or death of one of the bones forming the joint, if the abscess is not promptly drained.

(E). There are three other conditions which are not due to the changes in the bursa, but are so closely associated with it that it will be well to mention them here. The first is the callus, which often forms in the skin overlying the head of the first metatarsal. By carelessly cutting this callus, the patient often infects the bursa which lies so close beneath it.

(F). Constant irritation and inflammation produces an overgrowth of

the head of the metatarsal bone. Such overgrowth is almost entirely on the inner side of the foot, and forms the great bony knob so often seen in connection with a chronic bunion.

(G). Short or pointed shoes worn in childhood or early adult life, often give the great toe an inclination outward, which increases later in life even though at that period the greatest care be taken in selection of the shoes. The great toe may even lie across the next toe, either on top or beneath it. This deformity exposes to contact with the shoe a part of the joint surface of the first metatarsal bone. It is a condition known as hallux valgus. It is often combined with one or more of the other conditions mentioned above, and adds its quota to the misery of the patient.

Permit me briefly to outline the appropriate treatment for these various conditions. To save space I will refer to them by letter only.

(A). Removal of the pressure; surgical cleanliness; cold applications. If the swelling persists, the fluid should be removed by aspiration or through a short incision, and the wound allowed to heal under a sterile dry dressing.

(B). Drainage should be established at once, and continued under a moist dressing, until the symptoms of acute inflammation have subsided. The opening may then be allowed to close.

(C). If the opening refuses to close, or if it recurs, the bursa should be dissected away. This is a delicate but not serious surgical operation.

(D). Treatment in acute cases the same as for B., plus a splint to prevent motion of the joint. Even in chronic cases, conversative treatment of this character will usually effect a cure. If the bone is necrosed, a more extensive operation for its removal is necessary.

(E). Permanent cure of a callus can only be obtained by removal of the pressure. This can be secured by altering the shoe in such a way that the pressure will come at another point, or by removing the hypertrophied bone.

(F and G). These conditions, if marked, can only be cured by operation, the details of which I have given in my Minor Surgery, and to which I refer any of your readers who are interested in the subject.

Sincerely yours,

136 W. 48th St. E. M. FOOTE.

DANGER OF WEAK CARBOLIC SOLUTIONS.

Remember that weak solutions of carbolic acid often prove more dangerous than strong ones. They are more penetrating and more easily absorbed, and gangrene often results from their use.

TREATMENT FOR RINGWORM.

Paint with a solution of two grains of mercuric chloride in one ounce of tincture of iodine once a day. After ringworm has disappeared, apply zinc oxide or boric acid ointment (5 per cent.) until the redness produced by the iodine is gone.

TO REMOVE SILVER NITRATE STAINS.

Paint the black stains with iodine, which produces a whitish color. Then wash with strong ammonia.

TREATMENT FOR BOILS AND ABSCESSES.

Immerse the point of a hard-wood toothpick in 95 per cent. carbolic acid, insert it into the boil or abscess and thus thoroughly disinfect the cavity. Wash with pure alcohol, and spread a 5 or 10 per cent. ointment of salicylic acid on several thicknesses of gauze directly over the boil or abscess. If it is a large abscess, the process may have to be repeated the next day. Keep the ointment constantly on the affected part for a week.

IODINE AS A DISINFECTANT.

The foulest sores may be rendered entirely free from offensiveness by applications of tincture of iodine.

MAY, 1909, EXAM.

Although a numerous class attended the examination, but five passed. They are:

Ellis L. Lockhart, Monroe County.
Margaret O'Connor, New York Co.
Adolph Reich, Queens Co.
Einar H. Wettre, New York Co.
Nina Rindlaub, Kings Co.

Next examination, October 26th, 1909.

PES CAVUS.
By Alfred Joseph.

In this deformity, according to A. Hamilton Levings, M.D., in his "Everyday Surgery," the arch of the foot is exaggerated in consequence of the anterior portion being drawn backward toward the heel. The condition is ascribed to one of three causes: First, the contraction of the peroneus longus muscle; second to paralysis of the gastrocnemius and soleus muscles in consequence of which the long flexors draw the anterior portion of the foot backward; and, third, to paralysis of the interosseus and lumbrical muscles. In the latter the heads of the metatarsal bones are depressed, the first phalanges extended and the second flexed.

Royal Whitman, M.D., in his volume "Orthopedic Surgery," says: "Pes Cavus is a deformity of the foot characterized by an increased concavity of the longitudinal arch, and an increased convexity of the dorsum. The term 'pes cavus' is used in any case where the arch of the foot is increased. The simple exaggerated arch may be a congenital deformity. The depth of the arch may be increased by the use of high heels, but the affection is most often caused by temporary weakness, or paresis of the anterior tibial group of muscles. The hollow foot is usually a somewhat inelastic foot, and greater pressure is brought to bear upon the two supports of the arch, the heel and the ball of the foot. As a consequence, there are often corns or callosities beneath the anterior metatarsal arch, and neuralgic pain referred to the contracted plantar fascia is not infrequent. The ankles are also weak, turn easily, and thus symptoms of the weak foot, that is, of strain at the medio-tarsal joint, are often present.

In beginning my description of a case of pes cavus which came to me not long ago, I have deemed it proper to quote eminent orthopedic authorities, in order that the reader may understand the cause of the deformity.

The patient was a woman about 60 years of age. In her case, pes cavus was hereditary. On the plantar surface of her foot, the heads of the metatarsal bones had only the skin for a covering, with the result that painful callouses made walking difficult.

She told me that she had been to dozens of chiropodists, and that the relief they had given her was altogether too brief to be commensurate with the amount of money she had paid them. Her recital of the methods pursued by some of our professional brethren was interesting, in that it showed how some chiropodists repeatedly "cured" deformities which even radical operations by competent surgeons have failed to correct.

On the subject of shields she was an authority. As she declared, "shields enough to erect an army stockade," had been fastened to her soles. But no matter how skillfully they might be applied, or excellent quality made of, one hour's walking generally reduced them to a hardened pulp, painful to the tender soles.

The patient was no stranger to me. Four years ago I had given her two treatments. I remembered paring the callouses, and applying thick felt shields cut out so as to protect the painful parts.

It is not the most encouraging thing in the world to endeavor to give relief to a patient with a congenital affliction, especially when so many chiropodists have tried and failed; and I did not hesitate to so inform the lady. There were several makes-shifts I would try, but with what degree of success was problematical.

Like Barkis, she was "willing," and being paid for my services, I began a series of experiments. I started in by cutting the black silver nitrate stains applied a fortnight previous by another chiropodist, who evidently sought to experiment in a therapeutical way.

After removing as much of the callouses as I thought necessary, I applied pads of gummed alum sheepskin and fastened by means of adhesive straps. When the patient had her shoes on and stood up, she declared her feet felt fine—better than they had felt in years. As a further evidence of how good she felt, she ran down the stairs happy. But wait! Her joy was of the short-lived kind. At the end of about an hour, her weight (she weighs close to 200 pounds) had its effect on the soft pads, and as they were crushed and pounded, they became a torture to her feet.

The next morning she called again mournfully characterizing gummed sheepskin to be a failure in so far as her feet were concerned.

As I had four different things to try, and a willing subject to try them on

I was glad that she came. The experience would serve for future cases of a similar kind.

In the first paper I read before the members of the Pedic Society, there was a paragraph as follows:

"Among my patients there are two men, one aged 85 and the other 55, whose chief trouble is due to having very little flesh covering the heads of the metatarsal bones on the sole of the foot. The skin there becomes callous which makes walking very painful After treating these patients for almost a year, using in the meantime pads and shields and make-shift arch supporters and numerous other appliances, some of which proved temporarily beneficial, I resolved to try a new method. Procuring some woolly sheepskin, I cut it for use as an insole, and it did the trick. Neither patient has suffered one iota of pain since."

So, for experiment No. 2 in the case of my pes cavus patient, I chose an extra heavy piece of sheepskin with thick fluffy wool and cut therefrom two insoles which I placed in her shoes. I remembered that great relief had been accorded to the two old men, as above described; but, when I looked at the odd-shaped foot before me, and thought of the many shields, pads and other things with which it had in the past been decorated, I felt that any experiment of mine must prove a failure.

One or two turns around my office elicited the information that the soles felt fine—better than they had after experiment No. 1.

But over what period of time would the relief from pain extend? That was the important question. If the woolly insoles rendered her feet immune from pain for an interval of four weeks, I was ready to declare the experiment a success. My reason for setting a month's time as a standard was that never before had she been free from foot pain for that length of time. A fortnight was generally the limit. Besides, in a month, the callouses would need cutting again.

Before she left the office, I advised that, in order to aid the experiment, she remove the insoles every morning and brush the wool up so as to make it fluffy and soft.

I have kept a strict account of this case. Every week I 'phoned to the lady and inquired regarding the condition of her feet. In every answer she expressed great satisfaction with the fluffy sheep's wool insoles, reporting no pain whatsoever when wearing them, but when walking in her stockinged feet she experienced the same pain as of yore.

WHAT YOUR SHOES DO.

Part of the heat-making mechanism of man is located in his feet; consequently in winter, as long as a man's feet are warm he is safe even in the extreme Arctic. In summer the reverse is true, and if the feet are cool and comfortable, it shows that the heat controlling mechanism of the whole body is all right, and there is no danger of sunstroke or slow heat prostration or exhaustion even in our August summer's furnace. Why do men so sinfully and stupidly and ignorantly persist in wearing hot, black footwear through New York's more than tropical summers? Consider the white, undressed calf or buckskin shoe. It is porous in itself, and the pipe clay with which it is so easily and cheaply washed and whitened increases porosity and evaporation by increasing the atomic evaporable surfaces, thus converting sweaty, scalding leather into a dry, absorbing buskin sock, as it were.

PINCHED THE WRONG PIGS.

A child-loving man was on his way to Denver to transact some important business. During the afternoon he noticed, in the opposite section of the Pullman, a sweet-faced, tired-appearing woman, traveling with four small children. Feeling sorry for the mother, he soon made friends with the little ones.

Early the next morning he heard their eager questions behind the curtains of the berths, and the patient "Yes, dear," of the mother as she tried to dress them, and looking out, he saw a small white foot protruding beyond the opposite curtain. Reaching across the aisle he took hold of the large toe and began to recite:

"This little pig went to market,
This little pig stayed at home;
This little pig had roast beef:
This little pig had none;
This little pig cried 'wee-wee' all the way home."

"How is that?" inquired the eager man.

Then the foot was suddenly withdrawn, and a cold, quiet voice said: "I should think it was quite sufficient."

MORTON'S TOE.

Paper Read at Meeting of the Chiropodists' Society of Illinois, By Henry Schmidt.

The subject which I present to you, is the diagnosis of Morton's Toe. It is not usual for one in the general practice of medicine, to make a careful and painstaking examination of the foot, and, therefore, the foot in the majority of cases, is not recognized as a part of the anatomy whose function is peculiar to itself.

The human foot in general outline may be likened to the ordinary span bridge. At each end of the foot is a support or pillar with the intervening part, or body proper, reinforced and held in place by ligaments and fascia and the muscles approaching the foot from the leg. At the posterior end of the foot, we find the os calcis as the supporting pillar and at the anterior end, the heads of the five metatarsal bones, with their respective phalanges, serve the same purpose. The outer edge of the foot is reinforced or braced in its proper position by the fifth metatarsal bone, which prevents the foot from rolling outwards when the body weight is borne. The support of this bone is, however, of no great consequence and does not deserve particular attention.

The body of the foot is composed of the tarsus, consisting of the os calcis, the scaphoid, the astragalus, the cuboid and the three cuneiform bones. The metatarsus, which is the anterior segment of the foot will be described in a latter part of this paper. The muscles approaching the foot from the leg, play the same part in the support of the arch of the foot as do cables in a bridge. When thought is given to the fact that the foot bears more weight and is subject to more strain than any other part of our body, it will be easy to understand the reason for its frequently being out of gear. It is on account of the very completeness of the structure of the foot, that we find such marked exhibitions of symptoms when any one bone is slightly displaced or any ligament strained. Each separate part of this complete structure depends on the other, in the performance of the function that is intended, particularly locomotion, and the taxation on the foot as a whole from the superimposing of the body weight.

A condition of importance to relaxations and affections of the longitudinal arch of the foot is found not infrequently in the anterior arch. This condition is known as "Morton's Toe," or "Morton's Neuralgia." The term "Anterior Metatarsalgia," is also used. In the foregoing part of this paper, the anterior arch was mentioned as the anterior segment of the foot, and as the anterior support of the bridge, nothing was said of its peculiar anatomy, therefore a brief reminder of its bony structure will be necessary for an understanding of the condition I shall mention.

This anterior metatarsal arch is formed by the bodies and heads of the five metatarsal bones, held in place by the interosseous muscles and ligaments with the exception of the first metatarsal bone, which is analogous to the thumb.

Through not being connected to its neighboring bone by ligaments, it will be found that the second and third metatarsal bones are longer and occupy a slightly higher plane than the remaining ones and it is due to this peculiarity almost entirely, that the use of the term arch is justified, as descriptive of this segment of the foot.

This arch exists as an arch, only when the foot is at rest and when no weight is borne. A great deal of elasticity and resiliency is possessed here and the arch formation is resumed in the average person as soon as the pressure of the shoe or weight of the body is removed from the foot.

The movements, upward and downward of the metatarsal bones, as occur during walking, do not occur simultaneously for all, but are more of a succession of movements, starting first in the fifth metatarsal bone and going across to the first, as the step is made. This is true in persons who place the foot in the proper position for weight bearing, or in other words, when the degree of abduction of the foot is the minimum. This upward and downward movement is very free and may so account for the symptoms found in affections of this arch. The pathology of a typical affection of this kind has not been fully demonstrated, nor has the true etiology been satisfactorily explained. Several explanations have been offered from time to time, but as none have been conclusive, a review of them would avail nothing of interest. The symptoms, or rather, sympton

usually corresponds in the average series of cases seen, and is practically diagnostic in itself. The characteristic cramping pain across the ball of the foot, as the patient put it, usually gives us the diagnosis, though in some cases, the pain may not be so definitely located. The acute pain is felt mostly between the third and fourth toes, or between the fourth and fifth toes. This pain may radiate into the distal ends of the phalanges, or go even into the calf of the leg. It is not a constant pain, but is intermittent, and rarely comes on except when the shoe is worn or when weight is borne on the foot. The frequency and severity of the pain may be increased by wearing a tight shoe; the converse of this is equally true. The neuralgic-like pain may in some cases be found, but whether it be a cramping or neuralgic type, it is usually relieved by removing the shoe and manipulating the front part of the foot.

The intermittent character of the pain and its acute onset, should warn us in our diagnosis of a Morton's Toe, for in the discomfort due to an ordinary relaxation of the anterior arch, the pain is almost constant and appears in the slightest weight bearing and is not so severe. Again in general relaxation, with resultant strain, the point of pain is so definitely localized and the feeling is more one of tiring and aching than acute cramping. In Morton's Toe, a general examination of the foot will probably show nothing abnormal, whereas in the static relaxation, callouses will be found under the heads of the metatarsal bones,

Malpositions of the metatarsal bones are due mainly to faulty footwear, and by the continued rubbing of one bone against its neighbor, either the third or fourth toe will become atrophied.

Morton's Toe, or Anterior Metatarsalgia, is most frequently seen in women. The cramping pain in the region of the metatarsophalangeal joint of the third and fourth toes, gives the diagnosis. The pain from the strain resultant of relaxation and that due to mal-positions and exostoses, is not experienced except when foot is in activity, while in the first mentioned condition, the pains may appear even during rest.

Thanking you for your time and patience, I have given you the benefit of my own experience and study. There are many cases like this, that come to the practitioner of chiropody, and he looks wise, but loses not only the confidence of his patient, but also the fee he might otherwise receive, giving a palliative measure of treatment. In ending this paper on the subject of a diagnosis of Morton's Toe, I would suggest that some method be discussed at a future meeting, as to the treatment for this painful condition. It would tend to enlighten us as well as result in the alleviation of the great suffering of many persons and make our profession more worthy and our services more sought after and appreciated.

"C. Q. D."

By Our Wireless Correspondent.

When the day is dark and dreary,
And your heart is sad and weary,
And the patients are coming rather slow,
Break your doleful occupation,
With a moment's meditation,
Just sit down and write a paragraph or so.

No doubt you know some story,
Which would on you shed glory,
And which Pedic Items readers would gladly peruse,
Just take up ink and pen;
Don't lay them down again,
And cry out: "Oh, what's the use!"

If you can't write a big parcel,
Just describe a metatarsal,
Or explain your own treatment of a corn;
Write about some nerve or muscle,
At any rate, please hustle,
If you want this little booklet kept a-goin'.

—"I'd rather treat the feet of a dozen negroes than one Irishman," said an enterprising Sixth Avenue chiropodist, as his colored patient left.

"Why so?" queried the Irish dentist.

"There's twelve times as much money in it," replied the pedal repairer.

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TREATMENT OF CORNS

If appropriate measures are adopted, says E. Harding Freeland, in the Edinburgh Medical Journal, November, 1901, any corn may be speedily and permanently cured without risk of recurrence. The various methods of treatment are preventive, palliative, and curative.

Preventive treatment consists in securing freedom from pressure and friction for the parts most liable to corns. Well-fitting footgear is essential. These should be neither too tight nor too loose, but sit comfortably on the feet, be made of well-seasoned leather, soft and elastic, and be cut to a proper model. The length, width, and height should be sufficient to give full play to the toes, and not to cramp them unduly, either laterally, longitudinally, or vertically. Shoes should be made to measure, or better, to a last modeled from an actual cast of the foot. If there is a tendency to flat foot or any other slight deformity, this should be considered in constructing the foot covering, and appropriate means adopted for its ratification.

Palliative treatment includes all measures which stop short of the removal of the entire morbid growth, i. e., of the living and dead layers of the corn, together with the bursa, if it exists. Among the older remedies silver nitrate is probably the best; among the more modern, salicylic acid. These remedies cause dessication and shrinkage of the horny layer of the growth, which is thus made to shell out from the bed in which it lies Repeated applications are necessary, and the process is tedious. Unna's method is briefly as follows: A ring of glycerin jelly is painted round the circumference of the corn, so as to form a raised rampart. A piece of salicylic plaster mull is then cut to the size and shape of the central depression, and applied to the surface of the corn. This is then covered with a layer of glycerin jelly, and before it sets, a pad of cotton-wool is applied to the surface. This process is repeated as often as necessary, until the horny layer of the corn is cast off.

The point of a sharp thin-bladed knife, introduced at the groove which runs round the margin of the corn and made to penetrate toward its central axis, enables the corn to be easily separated from the parts beneath. This method is much in favor with chiropodists. When separation of the horny layer is thus brought about, the deep surface of the part removed usually presents an irregular, jagged appearance. This is often triumphantly shown to the patient as a proof that the corn has been extracted "by the roots." The true explanation, of course, is that the vertical columns of cells, previously described, have been irregularly fractured at the level of cleavage. As a matter of fact, a corn has no roots in the ordinarily accepted sense of the word; but if by root is meant the part from which it grows, that is left behind.

Curative treatment.—All palliative measures have the common defect that they leave the stratum mucosum—the living, growing layer of the corn—untouched and therefore liable to recur. This can be destroyed by the application of caustics to the degression left after the horny layer has been removed; but this method has objections, being always painful and uncertain. For the deeper layers of the stratum mucosum and papillae are very sensitive, and there is no means of gauging the thickness of the strata to be destroyed, nor whether the destruction is complete. Furthermore, the bursa, if existent, is left behind and may influence and give trouble subsequently, even if not at the time as the result of irritation by the caustic.

Any treatment, then, to be curative must remove the entire corn, together with the underlying bursa. The removal of the latter is important, for it is mainly in connection with it that complications are liable to arise. The author has practiced the complete excision of corns in upward of sixty cases, and confidently recommends it as efficient.

Such an operation is naturally painful, but a local anesthetic gives uniformly satisfactory results.

Having taken every aseptic precaution, a spot is selected for the injection of the anesthetic. The skin is rendered insensitive by the application of ethyl chloride and by the use of some local anesthetic, which should be injected into the subcutaneous tissue beneath the corn. After a few minutes the superficial parts at the site of the incision are rendered insensitive by ethyl chloride. When anesthesia is complete, two hemi-elliptical incision meeting at their extremities are made through the skin around the circumference of the growth, care being taken that they penetrate well in-

to the subsutaneous tissue. Seizing with a dissecting forceps the parts included in the incision, a wedge-shaped piece of tissue—including the corn, a layer of skin and subcutaneous tissue and the bursa, if present—is dissected out. The oozing is pretty free, and it is sometimes necessary to twist a small vessel; but hemorrhage is never severe. The edges of the wound are brought together by one or two fine sutures; an antiseptic dressing is applied, and the wound left to heal—primary union in a few days being the rule. It might be thought, perhaps, that the formation of a scar on an exposed position, where it was liable to be subjected to pressure and friction, would lead to untoward results; but practice such is not the case. In the case of corns dependent on deformity the appropriate treatment of the corns is the treatment of deformity which has called them into existence.

Even such every-day objects as common corns may be made a study of considerable interest, and if practitioners of medicine would take a more intelligent interest in these little tumors, which are as troublesome as they are common, an ever-increasing stream of sufferers would find their way to the surgeon, rather than, as at present, to the chiropodist.

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METHOD OF REMOVING FIXED STOPPERS.

Reagent bottles holding caustic alkalies, alkine carbonates, etc., very frequently become fixed, and the usual method has been to tap the stopper with a wooden block or the application of heat to the neck, or a combination of both. Results are poor in certain cases and often result in the fracture of the neck. The inverse process may be used to advantage. In other words, freeze the stopper, thus causing a contraction of the stopper from the neck. The bottles which I used for experiment had failed to open, under the heating and tapping, and were bad cases of fixed stoppers. The bottles held sodium carbonate, that had formed sodium silicate, an excellent cement, and so were firmly fixed. They were inverted in a mixture of crushed ice and calcium chloride, taking care that the freezing solution did not touch the lips of the bottles. After standing twenty minutes, each stopper was removed without the slightest exertion.

This is the neatest and safest way to remove stoppers from bromine bottles and other corrosive chemicals.—Randolph Bolling in Scientific American.

WRITING ON GLASS.

To write or draw on glass, it is necessary to impart to the surface a certain degree of roughness. This may be done by grinding or etching, but much more easily by applying some appropriate varnish. A good matt varnish is made by dissolving in 2 ounces of ether, 90 grammes of sandarac and 20 grammes mastic, and adding benzol ½ ounce to 1½ ounces, according to the fineness of the matt required. The varnish is applied to the cold plate after it has set. The glass may be heated to insure a firm and even grain. To render the glass again transparent after writing upon it, apply with a brush a solution of sugar or gum acacia. Still better as a surface for writing or drawing is a varnish of sugar. Dissolve equal parts of white and brown sugar in water to a thin syrup, add alcohol, and apply to hot glass plates. The film dries very rapidly and furnishes a surface on which it is perfectly easy to write with pen or pencil. The best ink to use is India ink, with sugar added. The drawing can be made permanent by varnishing with a lac or mastic varnish—Scientific American.

"HUMAN BAROMETERS."

The man with self-conscious joints is forever bragging of his efficiency as a weather prophet. There is probably no single sufferer from rheumatism or gout who has not at some period in his disease derived audible consolation from the fact that he could foretell a storm anywhere from a day to a week before its arrival. The modern scientific physician, particularly if he be recently added to the M.D.'s ranks, smiles indulgently at these "old-fashioned notions," and pays no attention to them in his treatment. He has been taught that everything has a cause, and as no physical reason has been discovered why damp, cold weather 500 miles away should produce pain in the joints of his patients, he puts the trouble down to imagination pure and simple.

These so-called old-fashioned notions, however, the result of years of practical experience, have a way of justifying themselves when science finally gets to the root of the matter. This, it appears, has recently been demonstrated in the case of rheumatic barometers. Dr. Ludwig Miller, a German physician, is quoted in the current issue of the Medical Record to the effect that there is no question as to the reality of these meteorological prognostications in many rheumatics. He has made a careful and extensive study of the subject, and finds that a large number of his patients can foretell weather changes two or three days ahead of their appearance with almost the accuracy of a barometer He found this true not only in cases of rheumatism and gout, but also in the victims of locomotor ataxia, arthritis deformans, hemiplegia, extensive scars, amputation stumps, etc. As to the etiology of this remarkable phenomenon he is still in the dark. Changes in atmospheric pressure, in electrical conditions of the air, in humidity, are suggested as possible causative factors, the injured or diseased tissues being more sensitive to slight variations in these directions than those of a normal individual.—N. Y. Press, May 26, 1909

In the September, 1908, number of the Pedic Items, an article entitled "Corns Before a Storm," by Alfred Joseph, was published. The writer dwells on the many "guesses," theories, and causes advanced by the numerous learned men of the medical profession from whom he had sought information, as to the why and wherefore of the "shooting" pains experienced by persons afflicted with rheumatism, gout, fractures, corns, etc., at the approach of a storm.

That no satisfactory explanation of this phenonema has as yet been offered seems strange. The most learned men have spent much time and thought in seeking a solution of the perplexing problem. This is proved by the many theories. all different, which have been offered.

In conclusion, the writer offers a theory of his own, as follows:

"Those of you who have been summering at the seashore may have noticed that when a storm was approaching common table salt would clog in its receptacle. The day may have been perfect, no indication of a storm being evident. Yet the 'caking' of that salt showed that a storm was approaching.

"The blood contains certain salts. In inflammatory processes, these salts together with the plasma and corpuscles, escape from the vessels into the tissues, and accumulate about parts where the blood circulation is interrupted, as around corns, fractures, rheumatism, gout, etc.

"If the atmospheric pressure affects salt to such a degree as will cause it to 'cake,' it might be reasoned that such an obstruction, however small, would press on a nerve filament and cause those annoying twinges, which sufferers describe as 'shooting' pains."

Now, while there may be no pecuniary advantage in solving this problem, it would prove a source of great satisfaction if a member of the chiropodial profession succeeded after so many learned men had failed. History tells us that Benjamin Franklin was the first to succeed in drawing electricity from the clouds. His discovery never brought him in a dollar. But, by the solution of his theory future generations enjoy the comforts and luxuries which the telegraph, telephone, motor cars, and the thousand and one other electrical devices confer on humanity.

REPAID.

A Human Nature Tale of How an Obscure Youth Rose to Fame and Fortune, and How Bread Cast Upon the Waters Returned After Many Days.

Carl Kupfer was a busy individual in the little Bavarian village where he was born some forty years before, and since his youth he had fallen heir to the business of his father, that of barber, tooth extractor, heeneraugen artzt, cupping, leeching, and general massaging.

His faculty for alleviating pain was hereditary, for both his father and grandfather had been past masters in the art of healing, yet neither had ever attended college, nor even read a scientific work. They had simply possessed a natural aptitude for the work, which became inherent to a marked degree in Carl.

Engaged in latharing the face of a man in the same chair wherein a few moments before he had extracted some teeth from another's mouth, he became conscious of some one standing at his elbow.

There was the same youth who, almost daily for the past two weeks, had been pestering him for something to do.

Kupfer turned fairly about to tell that young fellow a few things. He knew his whole history—had been compelled to listen to it twice. He was the son of a barber, had served a full apprenticeship, was now a journeyman, and since leaving the parental domicile in a distant part of Germany, some six months before, had met with may ups and downs—principally downs.

Kupfer had never had an assistant—never even dreamed of having one. Yet here was a youth seeking to compel him to engage him. No! Once for all, he was about to impress on the applicant, in his own inimitable way, the impossibility of such a proposition when the youth spoke.

There was a flutter in his throat, and his words were halting.

"For God's sake, give me something to do. I am starving."

He could say no more. There were no set speeches of the former occasions. His voice broke on the last word, and he stood with trembling lips and frame aquiver.

The words of disapproval in Kupfer's mind stood still. Emotion had no part in his daily work for alleviating pain. On none of the former occasions when the youth had called had he betrayed any emotion. True, he had tried by means of rhetoric and logic to obtain favor of employment, for he was possessed of a high school education and had excelled in these studies.

But his arguments were unfruitful. Perhaps his cry that he was starving made an impression on the cold, unfriendly nature of Kupfer. Never had the sufferings and misfortunes of others occupied the smallest place in his make-up. In the pursuit of his vocation, he had been very successful, although merciless. Hence, it could not have been emotion or pity that caused him to point to the little staircase that lead up to the living rooms, and say:

"Go and tell the madam that I have engaged you, and to give you food."

The youth could not speak. He turned away with a flush of joy that brought tears to his eyes. An hour later, fortified with a substantial meal, and washed and brushed to a point of scrupulousness, he presented a natty appearance as he entered the shop to assume his duties.

"What's the name?" asked Kupfer, as he noted the pleasing change.

"Hans Richter," he replied.

Then, in a few curt words, Kupfer explained to him his duties.

In the two years that followed, it is doubtful if the two men spoke beyond the orders and brief conversation necessary between employer and employee. Richter was a first-class workman, and soon became a favorite with the patrons of the place. Although he devoted his time solely to shaving and trimming of hair, the opportunity often came to him to watch his employer treat the sufferers who came for relief of their ills. And Richter learned. And the more he learned the more he wanted to learn. Where two years before his stomach hungered for food, now it was his brain that hungered for knowledge.

At last the time came, about a year later, when he had absorbed all the knowledge of the healing art as witnessed by him in the work of his employer. Then tales told by American tourists, and newspaper stories of American industries and the wonderful people of that country, combined

with an overpowering desire to travel —wanderlust—had its effect on him.

He spoke of his desires—his ambition—to Kupfer. The latter wanted to keep him. He had grown accustomed to the polite young man, whose assistance had been of so much advantage to him. But Richter went—with his savings of three years, some $300 —to the United Staes.

He landed in New York, found a situation as barber, and in six months the spirit of travel—wanderlust—again overcame him, and he drifted to Chicago.

Among his customers there was a physician who took a deep fancy tc the good-looking young barber. In the general talks between the shaver and the shaved, of daily occurrence, the physician gleaned much of the barber's history; and when Richter expressed a desire to study medicine in a college, it was with the financial aid of the doctor that such a thing came to pass.

In six years Richter accomplished wonders. He was now a full-fledged M.D., with as fine a practice as could possibly be desired. The demand for his services in delicate operations were of such a character that practically his whole time was taken up in surgery. The many and varied cases he had seen treated by his former employer, Kupfer, served him in good stead. The three years spent under his roof were not wasted. He was gathering the fruits thereof now. And his fellow practitioners wondered at the boldness of his work. But they had never seen Carl Kuper's operations, simple though they were.

Years passed. Five, ten. Fortune did not continue to smile on Kupfer The village wherein he was born and bred grew to be a city. New methods scientific and up-to-date, were introduced. Competition sprang up in every line of business, and the younger generation pinned their faith in and patronized the college-bred dentist and physician, rather than the antiquated barber wno crudely practiced the healing art.

And at last the time came when Kupfer was forced to acknowledge the truth. His time was past. He could not endure the lack of work, and looked longingly for the time to arrive when the great Atlantic steamer would bear him and his good Katerina to the land of promise.

With the few hundred dollars he had brought from the Fatherland, he bought a small barber shop in a side street of New York. But, economically though they lived, before a year rolled by, Carl Kupfer found himself down and out. And then he tried to get employment, but soon discovered that there was no place for an old man. Boss barbers sought only young, alert men to fill positions; and the strict laws surrounding the practice of medicine debarred him from earning a livelihood as a surgeon, while as to dentistry and chiropody, the same conditions prevailed.

Occasionally, he found work for a day substituting for a regular, but soon even this was denied him. Then he began to drift. From place to place he wandered until about a year afterward he found himself in Chicago—he and his faithful Katerina. They had been pals always, and in the thirty years of their wedded lives, they had known only love. Her belief in him was supreme.

The day Kupfer reached Chicago, Dr. John Richter was at the zenith of his glory. On the evening previous he had, at a conclave of noted medical men, delivered a lecture condemning the inclination of surgeons to operate on the slightest pretext, pointing out that greater beneficial results could be obtained in half the cases if old-time methods were first tried.

The paper made a hit, and many of those present echoed the sentiments expressed by Dr. Richter. And now, as he sat in his office, after a strenuous day's work, his thoughts reverted to the lecture of the evening before, and simultaneously a picture of Carl Kupfer's skillful manipulation of a diseased organ rose to his mind's eye.

"A patient, sir," announced the maid, interrupting the doctor's reverie. And, there entered a thin, gray old man. He stood close to the door, his hat in his hand. It was Kupfer, discouraged by many failures, yet brave in endeavor. There was nothing of the old spirit left.

"For God's sake, won't you give me something to do? I am an old German healer—but it is a lost art. My wife and I are starving."

The words came from trembling lips. The voice broke with despair. He did not know Dr. Richter. The years had changed him from an awkward stripling to a bearded, full-grown man.

Richter's heart stopped at the cry of the old man.

"There are two assistants that I

require in my extensive practice," he said, rising and extending his hand to his caller. "One must be an elderly woman to take full charge of my home and the other her husband to assist me in my work. And as long as I live, my home shall be the home of Katerina and Carl Kupfer."

And, then, as the recognition came to the old healer, tears of joy welled in his eyes.

A SCHOOLBOY ON CORNS.

Corns are of two kinds—vegetable and animal. Vegetable corn grows in rows, and animal corn grows on toes. There are seven kinds of corn; there is the unicorn, capricorn, popcorn, corn dodgers, cornfield, and the corn you feel the most. It is said, I believe, that gophers like corn, but persons having corns do not like to "go fur," if they can help it. Corns have kernels and some colonels have corns. Vegetable corn grows on ears, but animal corn grows on feet, at the other end of the body. Another corn is the acorn; this grows on the oaks, but there is no hoax about the corn. The acorn is a corn with an indefinite article added. Try it and see. Many a man, when he has a corn wishes it was an acorn, but not an aching corn.

Folks that have corns sometimes send for a doctor, and if the doctor himself is corned, he probably won't do so well as if he isn't. The doctors say corns are produced by tight boots and shoes, which is the reason why when a man is "tight" they say he is corned. If a farmer manages well he can get a good deal of corn on an acre; but I know of a farmer that has one corn that makes the biggest acher on his farm. The bigger crop of vegetable corn a man raises, the better he likes it; but the bigger crop of animal corn he raises the better he doesn't like it.

Another kind of corn is the corn dodger. The way it is made is very simple, and it is as follows—that is, if you want to know: You go along the street and meet a man you know has a corn, and a rough character; then you step on the toe that has the corn on it, and see if you don't have occasion to dodge. In that way you will find out what a corn dodger is.—Hebrew Standard.

DID YOU EVER NOTICE

That in the spring the germ-packed sweat glands get busy, after the dormant winter, and large, red, painful boils result?

That persons who perspire freely seldom have use for a doctor?

That the man who helps others generally makes enemies of those he helps?

That the Pedic Items is becoming a most entertaining and instructive medium?

That the fellow who knows little and looks wise is better liked than he who knows much and shares his knowledge with his compeers?

That the patient with the fattest pocketbook is the one that grumbles most at paying your fee?

That the people who promise, unasked, to send all their foot-suffering friends rarely do?

That the ingrown nail cases which you cured have been your best advertisements?

That the attendance at the Pedic meetings is much greater than formerly?

That the fellow who lives in a glass house throws the largest stones?

That some chiropodists are so attached to the profession that not for a half million would they cease practice?

That the man who minds his own business generally succeeds because he has so little opposition?

That few chiropodists use the hoe; many the muckrake?

That the man with the "Sprechensie-Deutsch" dialect imagines himself a Demosthenes?

The similarity between Dr. Johnson's boyhood stories and Chauncey Depew's "When I Lived in Peekskill"?

That sad expression on the secretary's face while listening to a funny story?

That the fellow who goes out of his way to offer insult to another is irresponsible, because ill-bred?

That "Dr." before the names of some chiropodists would be more appropriate after?

What good fellows most of the up-State chiropodists are? Call on Callahan, of Albany and you'll find out.

THE GERM THEORY.

What is popularly known as the "germ theory," began with the discovery that a large number of diseases are caused by microscopic organisms, or bacilli, which grow and multiply enormously in the body, under malevolent conditions.

It will be sufficient at this time to know that Pasteur found that the blood and tissues would fight against germ poison; exerting a mysterious "protective" action against destructive invading germs. One little hint of this, according to Metchnikoff, is the explanation of what is ordinarily called "inflammation." The great scientist conceives the redness to be caused by the inrush of millions of blood corpuscles, to do battle with hostile germs.

In this sense, our bodies, then, are in themselves wonderful laboratories, working for our own good. They provide the forces to fight the powers of destruction. But in order to procure what is popularly called the remedies or medicines, to combat germ diseases, and also to safeguard human life while studying the action of the various deadly maladies, animals are used for experimental purposes. Their bodies are poisoned by the germs; their blood, in favorable cases in which the animal does not die, sets up its protective influence; and in turn this blood, so transformed in the animal's body, becomes the requisite medicine to combat the disease, and is given to an actual patient that has the disease.

Speaking popularly, for illustration, Dr. Flexner, of the Rockefeller Institute, found in his study of cerebro-spinal meningitis that a monkey poisoned with the germs of this deadly disease exhibited all the symptoms of meningitis, as ordinarily revealed in a human being. In six hours the monkey was very sick, and before morning was dead. Its body was then examined with microscopes and otherwise to see what changes actually took place in an animal that died of meningitis; and then the doctor, by increasing or diminishing at pleasure the strength of the poisonous germs, which he had obtained from actual human cases, tried it on guinea pigs and on other monkeys; and he usually found that the terrible physical changes were at the base of the brain. By and by he used a strong goat for the poison, and the goat, instead of dying as did the weaker other animals, lived; for the goat's blood had exerted that mysterious protective action that transformed the poison to an antipoison; and when the new serum, or antitoxin, as it is called, was tried on still other animals poisoned with meningitis germs, the antitoxin goat's blood proved to be the very remedy sought, and the monkey that was treated in this way recovered. That is the way antitoxic medicines are obtained.—Sunday Magazine.

A NOTORIOUS SWINDLER.

"I'm not a pessimist, a clairvoyant, nor the seventh son of a seventh son," said the old-timer, in the course of a recent conversation, "but I predict that a certain chiropodist in this little old town is going to 'get in bad' if he keeps up his highwayman-like tactics.

"The fellow I'm alluding to practices a gold-brick game on the people who go to him to have their feet treated. Expecting to obtain relief from their foot troubles at the expense of a dollar or two, they find to their dismay, that they have been 'held up' for thirty or forty dollars. And this is how he works it.

"A prosperous-looking patient goes to have a few corns cut, or perhaps an inverted nail trimmed out. This ingenious chiropodist attends to these trivial duties. Suddenly, assuming an erect sitting posture, he gazes contemplatively at the bare foot before him, a startled expression on his countenance.

"'My God!' he exclaims, running the index finger of his right hand horizontally through his close-cut beard.

"'What's the matter?' inquires the patient, in anxious tones, noting the serious expression on the chiropodist's face.

"'Matter! Matter! Why, man, your arch is falling. Most serious case I've seen for years! Hem!'

"'But I haven't felt any pain,' says the patient.

"'It's a lucky thing you came to me,' says the chiropodist. 'You see the first metatarsal bone coming into close juxtaposition with the first phalanx of the hallux has caused a strain to bear on the flexor tendons'; and he rattles off a lot of stuff—nonsense—wherewith to impress the patient with his superior knowledge regarding the anatomy of the foot.

"'Is there any danger, doctor?' asks the victim.

"'My dear man,' exclaims the foot-fixer, 'I'll just prove to you the correctness of my diagnosis'; and with a sharp jerk of the great toe, he causes the patient to let out a yelp. 'Of course, I can remedy the evil, but there's no time to lose. I'll take a plaster cast of the feet, and instruct my arch maker to hurry the order'; and at once Mr. Chiropodist bustles about to make the plaster casts. Not a word regarding the price has been mentioned. While he works, he asks his patient such questions as may enable him to draw a proper conclusion as to how much money he can get out of him.

"Meanwhile, the patient, agitated in body and mind, mentally sees himself on crutches navigating the highways.

"The plaster casts completed, the suave chiropodist turns to the patient

"'As you are a stranger to me,' says he, 'it will be necessary to leave a small deposit. Say, ten dollars. The plates will be ready in three days.'

"'How much are they going to cost?' asks the patient.

"'Forty dollars!' And before the patient has time to consider, ten dollars have changed hands.

"After he leaves the office, he finds he can walk just as good as he ever did. He is in a quandary. He begins to feel that he has been imposed upon—buncoed, as it were. To make sure whether or not he requires the arch supporters, he consults his family physician. After an examination, the latter tells him that there is no need for such contrivances. Then he becomes convinced that a bunco game has been worked on him, and he gets sore. His experience with the chiropodist has cost him ten or twelve dollars; but he is satisfied to steer clear of such a notorious fakir in the future.

"Meantime, the arch supporters are awaiting the patient; and when he fails to appear, Mr. Chiropodist writes a brief letter, followed shortly thereafter by another in which he threatens a lawsuit. If the patient is timid and easily frightened, he takes the braces and pays the exorbitant price. If, however, the patient happens to be one of those aggressive, don't-care-a-damn sort of fellows, the bluff of the chiropodist is quickly called, with the result that the latter takes in his horns.

"While it is none of my business how this particular chiropodist carries on his swindling scheme," continued the old-timer, "nevertheless, there is a good beating coming to him—and soon. His victims have been so numerous that it has been necessary to frequently change the location of his office. As the entire cost of a pair of steel plates such as he furnishes is but $3.00, and he extorts from a patient $30, $40, or $50 therefor, it is easy to see that he has Syndicate Miller beaten to a frazzle.

"I can think of no effective way of putting a stop to the nefarious practice of this unabashed fakir. Sooner or later, he will come to grief. For it was Abraham Lincoln who once said: 'You can fool all the people some time; some of the people all the time; but you can't fool all the people all the time.'"

ANESTHESIA.

No discovery stands forth more conspicuously in the history of medicine than does anesthesia, writes Nettie Klein, M. D., in the Hebrew Standard, and until this discovery, to quote the eloquent words of the distinguished surgeon, Dr. Ashhurst, Jr., "surgeons went on in every country cutting and burning, and patients went on writhing and screaming," until the 16th day of October, 1846, in the Massachusetts General Hospital, Dr. Warren painlessly removed a tumor from a man after Dr. Morton etherized the patient and from that day surgical anesthesia became the priceless heritage of the civilized world.

In the London Lancet appeared: "Good news from America! Hail happy hour! We have conquered pain. This is, indeed, a glorious victory to announce, a victory of pure intellect and from America comes the happy news."

In appreciation of Dr. Morton's wonderful discovery, the citizens of Boston erected a monument upon which is inscribed this well-deserved tribute: "William T. C. Morton, M. D., Discoverer of Surgical Anesthesia, by Whom Pain in Surgery Was Averted and Annulled; Before Whom, in All Time, Surgery was Agony; Since Whom Science Has Control of Pain." Just a year later, in 1847, Sir James Simpson, of Edinburgh, introduced the use of chloroform for anesthetic purposes.

THE FALLEN ARCH.

Maltreatment of Feet a National Menace, Says a Doctor.

"A national menace," is what a New York woman doctor calls the disease known as "flatfoot," or broken arch. Persons, she says, have walked on hard stone pavements, worn shoes made on absolutely unnatural lines, and otherwise maltreated their feet until these necessary members are giving away on every side. Once upon a time flatfoot was considered the special scourge of nurses, whose work makes them walk and stand so much.

Nowadays it counts plumbers, business men and women, people in all ranks of life, in fact, among its victims. It is possible to have it without suspecting the fact, though, of course not in an advanced stage. A young carpenter who supposed himself perfectly healthy, was barred from the police force, to which he aspired, because the physical examination revealed a broken arch in his left foot.

Generally, however, flatfoot declares itself in pains, most grievous pains, not only in the foot, but as far up as the back of the neck. These pains are brought on, in flatfoot, by undue walking or standing. There are other signs of the disease.

"We always know it," said a specialist in orthopedic footwear to a newspaper reporter, "by a swelling of the flesh at the base of the ankle, just where the leg joins the foot, and by the way the veins over the instep swell. Sometimes, if the patient has been wearing low shoes and walking a good deal, the foot and ankle puff out enormously. In a case I saw the other day the woman, who had been tramping about in pumps, had a foot and ankle the size of two, yet hers is an incipient case and already yielding to treatment. Oh, yes, it can be cured if you take it in time. If the natural arch on the inner side of the foot, at the bottom, remains, the arch is not really broken; though the pain may be great, the arch is merely relaxed and can be restored by exercises and the proper footgear. In advanced cases the bottom of the foot is perfectly flat, the arch all gone.

"The foot is the poorest part of the anatomy," continued the expert, "and it ought to be the strongest, for it has the body to bear. It was meant to be the strongest, but we have tortured it out of shape. Now, this shoe, made for people who value their feet more than they do fashion, looks to you misshapen, because the inner line is perfectly straight from the heel to the point of the toe. But look at your naked foot to-night and you will see that its inner line is perfectly straight. The shoemaker, in obedience to fashion, tapers the shoe on both sides from the ball of the foot to the toes, and so the toes, instead of being allowed to spread and give the body the support they are meant to give, are cramped up into a bunch and all the strain falls on the arch. The heel of the shoe, instead of being where it would support the arched centre of the foot, is placed at the extreme point of the heel. French heels, by the way, which are so criticized, are really not so bad as the so-called common sense heels, because they are placed further forward under the foot."

"What about this fad of going barefoot? Some health reformers advise nervous persons and tired persons to discard shoes as much as possible in going about the house."

"Don't do it if you suspect the arch of the least weakness, and don't use soft, heelless slippers, either. Wear something that supports the arch. On the seashore it's all right to run barefoot, for there the yielding sand gives a support."

The wearing of sneakers and tennis shoes, the specialist said, was one fruitful cause of flatfoot. Another style he reprobated was that of the pumps most women think so pretty.

"They are absolutely no good," he said. "They slip so at the heel that the toes keep unconsciously clutching at the sole of the pump to keep it on, and that's another strain on the arch."

Then the expert described two exercises which help to restore a fallen arch.

"Just after getting out of bed in the morning, and just before going to bed at night," he said, "stand with your bare feet about six inches apart and so placed that the inner line of the foot is straight from toe to heel. First, resting the fingers on the back of a chair to balance yourself, raise yourself on your toes just as far as you can, taking care to keep the head well back all the time. Do this fifteen times in succession. Then, still keeping the feet square, turn each one toward the outside till you are standing on the outer edges of the soles and are quite bowlegged. Do this fifteen

times, too. If your feet cramp afterward, put them under the cold water faucet. Cramp is one unpleasant symptom of flatfoot, but nothing is better to restore the tone of the feet than cold water baths."

The woman physician who spoke so seriously of flatfoot was very hopeful about the possibility of its cure if it is taken in time. "It isn't necessary to wear the shoes with the artificial arch always," she said. "After the relaxed arch is restored, you can alternate ordinary well made shoes with the orthopedic shoes. After once having a trouble of this sort, though, it is necessary always to be careful."

The doctor advised foot baths for fallen arch—a very hot bath, followed by a very cold one, these to be followed by a good rubbing with salt and alcohol. A serious illness, she said, or an operation which necessitated staying in bed for four or five weeks was likely to be succeeded by incipient flatfoot, if the patient got about too soon, the foot, like the whole body, being in a relaxed condition then.

PERTINENT.

—Never promise to cure anything. Let your work show for itself.

—If you are using a remedy, and it is good, let your brother practitioners share the knowledge. That's how you'll learn of things new to you.

—Don't fail to attend the meetings of the Pedic Society. You are sure to get the glad hand, and, incidentally, add to your store of knowledge.

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THE LACK OF CONFIDENCE.

One of the happiest moments in a man's life is when he receives notification that he has passed the Pedic examination, and is privileged to practice chiropody.

With a professional career open before him, he loses no time in having cards printed with his name prefixed by "Dr." and thus informs the public that he is in the field to administer relief to aching feet.

Like the young physician just graduated, his head is stuffed with theoretical knowledge, giving him an assurance of future success. He establishes an office, and calmly awaits the arrival of his first patient.

At last he is made happy by the entrance of a foot-afflicted individual; and as he sets about preparing to relieve the sufferer, he is suddenly seized with a feeling of nervousness which is best likened to stage fright.

In an instant all his calmness of bearing vanishes. He becomes flustered—fidgety. His every move is indicative of awkwardness. The hand which holds the scalpel seems weighted with lead. He pauses, then slowly begins his work. All throughout the crude operation, this nervous condition is apparent to the patient; and as the latter begins to realize the cause, the nervousness is communicated to him. The nervousness of the novice is due to fear of inflicting an accidental incision, and the patient is similarly agitated. Thus we have the picture of two individuals, whose nerves are working overtime, eliminating a volume of perspiration which stands out in beads all over their countenances.

Finally the work is completed; and, when the patient has put on his shoes, and the operator has washed his hands, there is a happy interchange of talk on generalities. Each is mentally congratulating himself that the ordeal is over.

For a long time after he begins practice, the novice in chiropody remains a victim of nervousness. He is possessed of a fear that in cutting a corn he will go either too deep and cause a hemorrhage, or that he will not go deep enough, and consequently afford little or no relief to his patient.

To overcome this mental fear, but one remedy is advised—that of plenty of practice. If the calls for his serv-

ices are too few, the new beginner should volunteer his services to some charitable institution, and thus procure enough practice to instill confidence in himself.

This takes a long time in some instances, while in others, the ability to perform the duties of a chiropodist is rapidly acquired.

The best education a new chiropodist can procure is to watch others in the profession treat cases. From them he can learn the different ways and means of treating the various foot troubles, besides enabling him to acquire a degree of confidence in his own ability.

There are some chiropodists who have never seen another work. All the knowledge they possess came within their own experiences. They are antiquated in methods, in instruments, in appliances, in remedies. They have trodden the same beaten path for years, and refuse to meet others in the profession, fearing that some of the latter might have designs on their patients.

No novice can hope for proficiency in operating until he loses the feeling of stage fright which overwhelms him when he gets a patient in his chair. If he has studied his profession, he should have confidence enough in his ability to follow its precepts; and if the attack of stage-fright is due to his lack of knowledge of chiropody he has no right to endanger the lives of his patients, and should forthwith take down his shingle, dispose of his outfit, and return to the side of the barber's chair, whence he came.

THE HARVEST.

When there's moisture in the atmosphere,
Or there's snow upon the ground,
The chiropodist is happy.
For his patients come around.

—A chiropodist in winter and manager of the Arverne Bathing Pavilion in summer—that's genial Ed. Johnson.

Somewhere in the world, there one
That's better than the rest,
But Doctor Punksky beats them all.
He's better than the best.

THE CHIROPODY BUG.

By Alfred Joseph.

Every chiropodist has his trials and tribulations, his good days and his bad, his funny experiences, and his sad, but none so much as the one who combines teaching chiropody with that of his daily practice.

He it is that meets the strangest and queerest lot of people on God's green earth—all desirous of practicing chiropody, and all mashugga on the subject.

Among the funny experiences, I will cite the case of a saloon keeper, who called on me one day, about a year ago, and asked for a license to practice chiropody. I had quite a time convincing him that licenses were not granted for the mere asking, and, besides, that I had nothing to do with that privilege at all.

My visitor expressed such disappointment at being unable to immediately procure a license to practice chiropody that I became interested, and by questioning him learned the reason.

It appeared that a friend of his—a dentist—had an office on a busy thoroughfare, part of which he sublet to a chiropodist. The latter was somewhat given to the alcohol habit, and went on occasional sprees.

During one of these, the dentist and the pedicure got into an argument, with the result that the latter had to seek other quarters. The dentist confidentially dwelt on the enormous amount of money the pedicure made each week, and painted such rosy pictures to his saloon keeper friend that the latter became greatly excited to start right in and take the stand vacated by the inebriated chiropodist.

When he became aware of the fact that the first requirement necessary to practicing chiropody was a license, he immediately set out to procure one.

Like all saloon keepers, he was, to a certain extent, familiar with politics and politicians, and began inquiry in that direction, but to no purpose.

"What do you know about chiropody, anyway?" I inquired.

"Well, I don't know much," he replied.

"Can you handle instruments?"

"I could learn," he said.

Here was a man who had never handled a surgical instrument, nor anything outside of an ice-pick; who knew nothing of the healing art, nor

of anythin~ embraced therein; who had never even seen a corn; and, yet, despite his utter lack of knowledge of the simplest details of chiropody, was extremely anxious to begin at once to treat the feet of such as came to him.

Nothing phased him. He said he would do the best he could, and if he got stuck, he would call on his friend the dentist for advice. When I called his attention to the fact that he might by his inability, be the means of causing some one's death, it made no impression on him. He said that he could "most certainly do as good work sober as could Dr. Chiro drunk."

Seeing that it was useless to argue further, I cut short the discussion, with the advice that for him there was much more money in mixing drinks than in the chiropody business. And if he was sadder when he left my office, he was at least wiser.

Another queer visitor was a fellow from one of the New England States—a carpenter by trade. He had read the advertisement of a New York Chiropody School which guaranteed to teach chiropody by correspondence. He became interested and wrote for information. The cleverly typewritten letters he received in reply were of such an alluring character that he resolved to pay a visit to the school.

Resigning his position as foreman with a salary of $35 a week, he came to New York, and in short order was induced to pay $50 for a course of tuition. He did not want a diploma, nor a license. He wanted to learn how to cut corns and remove ingrown nails and to treat such other foot troubles as come to a chiropodist.

For seven weeks he haunted the school and the total time given to instructing him was less than ten hours. When he complained, he was reminded that he could stay there six months or a year. When he began, they gave him one typewritten sheet containing vague information regarding the treatment of half a dozen ordinary foot troubles.

Disgusted, but still hopeful of learning to be a chiropodist, he called on a member of the profession, and was referred to me.

When he told me his story, I proved to him by argument that it was rank folly to spoil a first-rate carpenter for a tenth-rate chiropodist. It took a long time to convince him, but the recital of the many cases of discouraged chiropodists with which I am familiar at last succeeded.

That very day he took the train back home, after his two months' endeavor to become a chiropodist; and instead of pulling out bad nails, I trust he is hammering in good ones.

MENDING A CRACKED BOTTLE.

A very neat way to mend a piece of cracked glassware with sodium silicate or water-glass came to my notice some weeks ago. A cut-glass decanter which the owner valued very highly had a bad crack running irregularly around the bottom and partly up the side. In addition to preventing its use it rendered it unsightly.

To remove all appearance of the crack, the decanter was warmed slowly and then sealed with its own ground stopper. The water-glass was then applied with a broad brush on the outside of the crack, and as the air cooled inside the external pressure forced it into the crack, which completely disappeared and was rendered perfectly water tight to cold water at least.

Since seeing the above, have tried the same operation with success on a wide-mouthed jar, but obtained a much better vacuum and therefore better results without heating the jar.

I took a deep basin, and in the centre arranged a candle. The basin was then filled with water and the cracked jar inverted over the lighted candle; as the air in the jar was consumed by the candle it was slowly lowered into the water which effectively sealed it. The water-glass was then applied as in the previous operation and the whole left to harden. The water-glass takes six to eight hours to set and then the outside of the bottle or jar can be washed with a cloth dipped in hot water to remove all superfluous water-glass.—Scientific American.

—Glad to see that one of our members fell heir to his uncle's money. The usual way for some of us to get any money from our uncle is to "soak" our valuables.

DR. FRANK JOHNSON
CHIROPODIST
126 STATE ST., CHICAGO, ILL.

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CONTINUOUS STUDY PROFITABLE.

By H. Swanson.

"The proper study of mankind is man" and that study embraces all that there is in manhood, in mind, body and estate. Divines and philosophers make research as to the affairs of the soul. Physicians and surgeons apply themselves unto wisdom for the welfare of the body. Jurists contend for the adjustment of estate.

In all avocations of life, at the present period, the tendency is to division into departments. This is particularly true in all professional lines, in theology, in medicine and surgery and in law. This tendency promotes development, improvement, and progress, all of vast advantage to the world in general and mankind particularly. This is paramountly remarkable in all branches of the healing art, and, certainly not less, perhaps more than in many others, in the progressive development of chiropody.

It is only a few years ago when treatment of the human feet was at the mercy of an indiscriminate illiterate bungling horde of fakirs, some of haphazard cleverness, yet more of them dangerously unskillful. The frequent occurrence and recurrence of malpractice with results of suffering, crippling and even fatality gradually conduced to the establishment by legal enactment of the Pedic Society of the State of New York.

This institution has accomplished a great deal toward educating the popular mind as to the value, importance, and necessity of the science of chiropody, the results of which are evinced in the increasing number of diploma holders, and their success in operating skill, recognized by the constantly increasing number of patients.

"If the proper study of mankind is man," study should begin at the bottom of the ladder, and that is the feet. There is genius requisite in every occupation, and the earnest mind of the really zealous chiropodist should strive to develop in the study of the wonderful construction, attributes and functions of the human feet.

For the possessor of a chiropodic diploma, no matter what measure of skill he may develop as an operator, no matter what success he may attain in the extension of his practice, study should never be slighted nor abandoned, for it is only through study, with practice, that the greatest discoveries are made in all lines of life.

The skillful and prosperous practitioners who became charter members of the Society before diplomas were issued, reap inestimable benefit by an unremittingly persistent study of the science. No man on earth, who knows it all, and ceases from all effort for greater knowledge, can maintain any considerable eminence. This may be emphasized with vehement force to every one of mankind, and, perhaps, just at this period, particularly to the chiropodists.

THE "SPORTY" CHIROPODIST.

He Had a Brilliant, Money-Making Scheme, But An Accidental Fly-Ball Was the Means of Putting an End to the Enterprise.

A few summers ago, when the great horse racing war was on in the city of New York, with the jockey club on one side and the allied pool-room interests on the other, it was almost impossible to place a bet anywhere except on the race-track.

Not a single pool-room was open, and even the elusive hand-book men were driven from pillar to post, and a close watch kept of their every movement. The lid was on—fastened with rivets.

In a certain uptown section of the city, there was a chiropodist's office, kept by a man with a small practice and an uncertain character. Ostensibly, he treated the feet for a living, but in reality, the "ponies" fascinated him to such an extent that, between the hours of two and five, he was a stranger to his office.

To him the closing of the pool-rooms was a bitter pill. For two days he haunted the locality where sporting men were wont to congregate, but no one would take the risk of accepting a bet.

Finally, he sought out the former proprietor of a pool-room, and after a little talk, it was arranged that his chiropody office be utilized as a pool-room between two and five, and that "bettors" would have to sit quietly, as though they were patients waiting to have their feet treated. It was further agreed that for the use of the of-

fice, the "sporty" chiropodist was to receive $15 a day.

In due time, certain horse-players received the tip, and shortly after one o'clock in the afternoon, groups of two and three wended their way in the direction of the chiropodist's office. The ward men of the precinct, as well as the Central Office men, wondered what had become of the players. Every possible rendezvous was visited—every saloon, cigar store, barber shop—but not a trace of pool selling could they discover.

For a whole month the chiropody office served as a pool-room, and the chiropodist was in high feather with an income of almost a hundred dollars a week. The backer of the game was delighted with the scheme, as only people who bet big money were invited. Only about twenty-five were admitted. Pikers were barred. Of this number, ten sat in the waiting room, while the others were taken to the living apartments on the floor above. When a bona fide patient came for treatment, in order not to be interrupted, the chiropodist would come out of his small operating room and request the patient to call between six and seven, as there were so many ahead to be waited on.

Unsuspected by the police, the utility of the chiropody office as a pool-room looked promising to last until the season ended. And it would have lasted, too, but for an accident which happened to one of the Central Office detectives on the lookout for pool-selling.

Standing with his partner on a corner about three blocks below the chiropody office, one hot afternoon, they were watching some boys playing baseball down the street. Suddenly the batter hit the ball in their direction, and a little fellow, in trying to stop it, stepped squarely onto the corn of Mr. Central Office Man.

Immediately that corn got busy, and, with a string of words not found in the Bible, or elsewhere, the detective limped up the avenue, followed by his laughing partner.

By the time three blocks had been traveled, the pain had become intense; and as the huge chiropodial sign loomed up, the suffering police official decided to go into dry-dock for the repair of his pedal. His partner trailed along.

As they ascended the stairs and opened the door of the waiting room, they beheld the place filled with sporting men, many of whom they recognized. In fact, the recognition seemed to be mutual, for with one accord, the players jumped for the door, and in a jiffy the detectives were alone.

The hurried commotion brought the chiropodist out of his den. Seeing he was cornered—caught with the goods—he stood for the "shakedown" which the two detectives handed him. And, when, after some fifteen minutes or so, they departed, they took with them nearly the whole amount the chiropodist had received for rent from the pool-room people.

What about the pain in the detective's corn? Oh, he called on the writer an hour or so later, and had it attended to. But he didn't tell the story at that time! He told it two years later, after the writer had heard it from a neighbor of the "sporty" chiropodist.

A TACK OF INGROWN NAIL.

It was after a meeting of the Pedic Society that a dozen chiros were seated in an eatery, talking shop.

"Talking about ingrown nails," said one ripe prevaricator, "the worst case I ever saw was that of a young lady. According to her mother, when she was a tiny miss of about three, she managed to get hold of a box of tacks some of which disappeared down her throat.

"The doctor hurriedly sent for gave an emetic, and it was believed that all the tacks were recovered.

"Fifteen years rolled by. One day, recently, the young lady came to me complaining about a pain in the sole of her foot. I saw a dark-colored spot in the centre of an inflamed area which I mistook for a corn, and proceeded to remove it.

"As my knife came in contact with the object, I realized that it was not a corn but a harder substance.

"Enlarging the opening, I grasped the foreign body with a forceps, and drew out a slender wire nail about an inch and a half long.

"Can you realize a worse case of ingrown nail, gentlemen," he continued, glancing around at the breathless bunch of pedicures. "Just think, it took fifteen years for a common carpet tack one-half inch long to develop into an ingrown nail thrice the size."

And even Renk was rendered speechless.

BRAIN PUZZLERS.

The following are the answers to the questions contained in the last issue:

8. Cell production in the human body is greatest until development is complete. Senility or a pathological condition causes rapid cell destruction.

9. The percentage, by atomic weight, of oxygen in peroxide of hydrogen, is 94 2-17. Of hydrogen, 5 15-17.

10. A synovial membrance is located between bones. It contains an oily fluid which lubricates the joint. A bursa is located between a ligament and a tendon, and lubricates the movable parts over which they act.

11. Exposure to the air and to sunlight increases the quantity of coloring matter in the Malpighian layer of the epidermis. Hence the skin darkens or tans. If the whole thickness of the epidermis is destroyed, by a burn or a wound, the deepest cells of the new epidermis do not usually form any coloring matter; therefore, scars remain white, even in negroes.

12. A festered corn is one through which the pus has permeated, presenting a soggy mass. An ulcerated corn is an indurated spot underneath which an ulcer has formed.

13. The function of bacteria in nature is to convert decaying and dead matter into food for plants. Without bacteria, there would be no plant life. They are the natural intermediaries between plants and animals in point of food production. They live on decomposing matter, converting it into carbon dioxid and ammonia, essential products to plant life. Bacteria also plays an important part in many secret processes, as, for instance, in the manufacture of butter, cheese, vinegar, linen, hemp, and in the curing of tobacco.

ANSWER TO QUESTION NO. 14.

Editor Items:

The difference between Chloride of Mercury HgCl and that of Corrosive Sublimate HgCl2 being so widely different that a description of the difference between them would require a larger space than the columns of the P. S. I. will permit me, I shall therefore try and explain the subject accurately in as few words as possible.

Giving a glance at the molecular formula of (HgCl) and that of (HgCl2) and from it any one could notice the greatest difference and (most important one) that is, HgCl contains one part of Chlorine and is not poisonous while HgCl2 contains 2 parts of Chlorine and is very poisonous. Externally HgC12 is employed as a stimulant, escharotic and germicide. It is one of the most powerful of the known germicides, a solution of one part in one thousand of water (1-1000) will destroy micrococci and bacilli in active growth. Internally, corrosive sublimate is given in doses of 1-100 to 1-60 of gr. as a general tonic.

Chloride of mercury (HgCl) is the most valuable of the mercurial preparations on account of its certainty and of its mildness: as a purgative, calomel owes its chief value to its tendency to act on the liver. It is peculiarly useful in the commencement of bilious fevers; in large doses it acts as a sedative. Externally it is applied often as efficient alterative and disicant in ulcers and in skin eruptions.

LOUIS GREEN.

FLEW TO KALAMAZOO.

He had learned about a bunion,
An ingrown nail, and corn,
Of antiseptics he knew quite a bit;
So he took to active practice,
Hung out his sign one morn,
But, somehow, he never made a hit.

His competitors were busy,
Making money every day,
While not one single patient to him flew.
Disgustedly, he wrote this sign:
"Please note, I'm on my way,
To chiropodize the feet in Kalamazoo."

—Persons engaged in the handling of beer are apt to be subjected to a distressing form of inflammation of the root or matrix of the nail. Barkeepers are subject to the disorder. Beer gets under the folds of the finger nails, and inflames them. A remedy is to dip the fingers frequently in a strong solution of borax.

COMFORTABLE SHOES AND CURE OF THE FEET.

A woman often gets a reputation as a shrew, when her shoemaker is responsible. To keep sweet when the shoes pinch requires more self-control than is inherent in human nature.

It is surprising how much family peace depends on foot health. The mother whose feet ache is not in a condition to grapple with household problems.

Oddly enough, the sufferer with her feet rarely realizes that such insignificant cause could be responsible for strained nerves and general discomfort. Yet doctors have told us that no other part of the body has more direct influence on the general health.

Therefore, it behooves women to look to the health of their feet. If they are sensitive, let them buy expensive shoes, though it seems extravagance. Nothing is wasted that works for sweetened living.

It is also well for the woman whose feet trouble, to have several pairs of shoes, that she can change them often. It is a restful practice to stop a minute or so in the midst of a busy day, go to the bath room, put the feet in cold or hot water, whichever gives quickest relief, and don fresh shoes and stockings.

It also pays to take time night and morning to look to the health of the feet. The daily bath should never be neglected, and if one stands up much it is well to repeat the foot bath in the evening.

The feet deserve much better care than they usually receive. It is a good investment to pay occasional visits to a skilled chiropodist, though not afflicted with corns. You can pick up many hints how to keep the feet in condition, hence make life more restful

Even the nails of the foot play a part in family welfare, and should be looked after. Neglected toenails that are allowed to grow too long or are not filed, wear holes in stockings, and the burden of darning basket is made heavier, even if they do not give actual pain.

How many women know that nails should be kept rather short and be cut squarely across? If cut in a rounding shape the pressure falls on the centre of nail and causes it to grow in, more especially on the big toe.

If one has had a harassing day, life will look much less blue and insomnia will be warded off if before retiring one soaks the feet in a bucket of hot water in which a couple of tablespoonfuls of vinegar have been mixed. Life will take a new tint in ten minutes.

Bathing the feet with alcohol when tired is also restful, or rubbing them with a little cocoa butter after a mustard bath.

Corns are pests that make a vixenish temper also excusable. Yet they are curable. A neglected corn has been responsible for many a child-beating, and many youngsters gauge the maternal temper by whispering: "Mother's feet hurt to-day; you'd better be good."

The surest preventive for corns is a perfect-fitting shoe and absolute cleanliness. When they first arrive they must be kept quiet by tying the feet up at night with a piece of lemon over the offending member.

Soak the next day in hot water This, if repeated for several nights will so soften the corn that it can be easily pinched out.—Albany Argus.

CORRESPONDENCE COLUMN.

Mr. Editor:

I have read with much interest the April "Items," and Mr. Robie's question can properly be answered in two ways (a) Get a physician; (b) Join the Pedic Society. NEW MEMBER.

Editor Pedic Items:

Some years ago I sprained my wrist, and ever since there is a swelling on the dorsal surface of my hand, near the wrist. It is painful when pressed, and a physician who examined it diagnosed it as teno-synovitis. He suggested giving it a smart rap with a heavy book, and thus break the synovial sac, and the fluid will be absorbed by the tissues. To me it seems that such treatment is on a par with Sir Walter Raleigh's remark when he stood on the scaffold, about to be beheaded. Taking up the axe, he felt its edge and said: "This is a sharp medicine, but it cures all diseases!" Will some reader suggest a cure for my weak wrist?

A MEMBER OF THE CRAFT.

LAWSUIT LEADS TO BIG BANQUET.

As the culmination of a lawsuit tried recently between Mrs. J. C. Winter and Miss Florence O'Hara, fifty people, twenty-five of them witnesses for the former, attended a banquet served by her at Syracuse, N. Y.

Mrs. Winter was sued by Miss O'Hara for services in the former's hairdressing parlors and the jury disagreed. When the suit came up for the second time, a friend said that if Mrs Winter won she would give all her friends a duck supper.

Mrs. Winter replied that it would "be up to her" to be the hostess and that she would treat all those who had been called in as witnesses, her relatives and the tenants in the house. She won the suit and there was a jubilee.

The banquet also celebrated the sixty-first anniversary of Mrs. Winter's birth. The long table was spread the whole length of the large dining room, and jars of roses, carnations, tulips, and potted plants decorated its length. About it sat sisters, brothers-in-law, nieces and nephews, cousins and aunts, and last, but not least, the witnesses in the case.

One guest, who replied to a toast, in raising his wine glass, proposed that all Mrs. Winter's enemies "have long corns and short shoes."

Mrs. Winter came to Syracuse from Canada in 1865. She was married a year and seven days later to J. C. Winter, who, until his death, was in the employ of the New York Central Railroad Company. Mrs. Winter has been the proprietress of a "beauty parlor" for many years. She was awarded the palm last evening by all present as being the queen of the feast, her years setting lightly on her head. Gowned in black net, with her crown of gray adorned with a jeweled head-dress, she appeared more like a woman of forty than sixty.

At the close of the spread recitations and music were part of the programme that lasted into the wee sma' hours.

Mrs. Winter was showered with gifts among them being cut glass, lingerie laces and other things dear to the feminine heart.

DISINFECTING THE JAPANESE TROOPS.

When the Japanese army evacuated Manchuria, it became necessary to disinfect very rapidly a great number of garments, many of which were made of fur, while the troops were taking a bath preparatory to embarking on the transports, which were to convey them to Japan. The ordinary processes were rejected as too slow, and the following expeditious method was substituted, with excellent results: The garments were hung, or placed on racks in rooms, into which steam at the pressure of six atmospheres was forced until the temperature rose to 100 deg. F. At the same time the air of the room was pumped out through an aperture near the floor in order to produce a lively circulation of steam and a rapid saturation of the garments. After twenty minutes' steaming, a spray of formic aldehyde was thrown into the entering current of steam and the steaming was continued for ten minutes longer. The walls of the disinfecting rooms were only six or seven feet high, and were so constructed as to minimize loss of heat by conduction.

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